

Application Data Sheet

Application Information

Application Number::
Filing Date::
Application Type:: Regular
Subject Matter:: Utility
Suggested Classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Number of CD Disks::
Number of Copies of CDs::
Sequence Submission?::
Computer Readable Form (CRF)?::
Number of Copies of CRF::
Title:: PIPELINE PIG
Attorney Docket Number:: BARK124115
Request For Early Publication?:: No
Request For Non-Publication?:: No
Suggested Drawing Figure:: 1
Total Drawing Sheets:: 7
Small Entity?:: Yes
Latin Name::
Variety Denomination Name::
Petition Included?:: No
Petition Type::
Licensed US Govt. Agency::
Contract or Grant Numbers::
Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: United Kingdom
Status:: Full Capacity
Given Name:: Simon
Middle Name::

Family Name:: Sanders
 Name Suffix::
 City of Residence:: Salisbury
 State or Province of Residence::
 Country of Residence:: United Kingdom
 Street of Mailing Address:: St. Mary's Lodge, 35 Fowler's Road
 City of Mailing Address:: Salisbury
 State or Province of Mailing Address::
 Country of Mailing Address:: United Kingdom
 Postal or Zip Code of Mailing Address:: SP1 2QP

Correspondence Information

Correspondence Customer Number:: 26389
 Name::
 Street of Mailing Address::
 City of Mailing Address::
 State or Province of Mailing Address::
 Country of Mailing Address::
 Postal or Zip Code of Mailing Address::
 Phone Number::
 Fax Number::
 E-Mail Address::

Representative Information

Representative Customer Number::	26389	
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-OR-

Representative Designation::	Registration Number::	Representative Name::

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/GB03/02513	06/11/2003

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
United Kingdom	GB0213388.2	06/11/2002	Yes
United Kingdom	GB0217142.9	07/24/2002	Yes

Assignment Information

Assignee Name::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::

LEJ/pas:bhp